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PUBLIC HEALTH REPORTS.

SUMMARY OF SANITARY REPORTS.

Status and progress of epidemics.

Asiatic cholera.—Owing to rumors of an extension of cholera from southwestern Russia to Poland, the consul at Warsaw has been requested through the State Department to furnish a report on the nature of the disease said to be prevailing in that section of Russia.

Among the fatal cases of cholera, 31 in number, at Calcutta during the week ending May 13 there was 1 death in the port; but it is officially announced that neither this case nor the plague cases had any connection with the shipping.

Yellow fever.—In Mexico during the week ending June 10 there were 2 cases, with 1 death, from yellow fever at Tierra Blanca, about 50 miles from Vera Cruz, and 3 cases at Coatzacoalcos, in the state of Vera Cruz, on the Atlantic side of the Isthmus of Tehuantepec, the narrowest point in Mexico and once considered a possible route for a canal between the Atlantic and the Pacific oceans. The health of Coatzacoalcos is of importance to the shipping because it enjoys a considerable trade, especially in timber and rubber. The harbor, wharves and quays are provided with modern appliances for handling cargo, and the railroad across the Isthmus of Tehuantepec to the Pacific is being constantly improved.

In the Canal Zone there were at Colon 1 fatal case of yellow fever from June 12 to 16, and at Panama 13 cases and 4 deaths from June 11 to 16.

One case of yellow fever was reported at Belize, British Honduras for the week ending June 15, and 10 cases, with 4 deaths, at Puerto Cortez, British Honduras, for the same week. No deaths from yellow fever were registered at Belize from June 1 to 16.

Bubonic plague.—Information was received through the State Department, June 26, to the effect that there had been a death from bubonic plague at Panama.

May 25, it was reported that Rio de Janeiro had then been free from bubonic plague for one month.

Another case of plague occurred at Alexandria, Egypt, May 25, and prophylactic measures for vessels departing from that port were reestablished. No further cases had developed to May 30, when 1 case remained under treatment. Two cases, one dying in hospital, occurred May 21, at Damanshour, a cotton-spinning and woolen-weaving

town on the railroad between Alexandria and Cairo, at the point where a branch line diverges toward Damietta. In the province of Kalioubieh, near the Damietta mouth of the Nile, there were 2 cases, 1 fatal, May 23 and 24, making a total since January 1, of 24 cases, 16 deaths, and 9 recoveries, 3 cases remaining under treatment May 25. At Menouf, a delta town about 30 miles from Cairo, on a canal which connects the Rosetta and Damietta branches of the Nile, there was 1 case in hospital May 25, 2 deaths having taken place May 22.

During the week ending May 30 there were fresh cases at Port Said, Damanhour, Menouf, and in the provinces of Kalioubieh and Dakahlieh. Two cases and one death occurred in the latter province at Mit Ghamr, a city of 11,000 inhabitants halfway from Cairo to Damietta and just across the Nile from Zifite, a railroad terminus of about the same population as Mit Ghamr.

At Suez, May 25, a case of plague in the person of an East Indian stoker was found aboard the British steamer *Clan Colquhoun*, which cleared from Bombay, May 12, for Malta and Dunkirk. The diagnosis was confirmed bacteriologically. The steamship passed through the canal in quarantine after being disinfected.

In Hongkong there was 1 death from plague April 22; it was still reported present at Bangkok, Siam, May 25; there was a new case at Singapore March 29; and reports show a continuance of the crusade against rats in New South Wales and Queensland. New cases occurred March 26, 27, and 28 at Newcastle, and 8 infected rats were found there during the week ending April 1; but no new cases or infected rats were reported in Queensland during the week ending April 15.

In the Hawaiian Islands there were 2 deaths reported since the preparation of the last summary—1 at Hilo, June 24, and 1 at Honolulu, June 25.

Cerebro-spinal meningitis.—In order to obtain authentic material regarding the prevalence of cerebro-spinal meningitis in the United States, a circular letter, dated March 16, 1905, was addressed by the Surgeon-General, Public Health and Marine-Hospital Service, to the secretaries of State boards of health and to municipal health officers, requesting them to furnish information concerning the disease, as follows: The number of cases and deaths by months which have occurred during the period from July 1, 1904, to April 1, 1905, in the territory under their jurisdiction; and these officers were requested to make weekly reports thereafter of cases and deaths from cerebro-spinal meningitis on appropriate forms furnished. The publication of the responses to this circular have since been printed in tabular form each week as received.

The factors which determine the diffusion of this disease over certain areas are not well understood, but reliable figures bearing on the distribution of the malady are of value as a possible means of studying

the rapidity of travel of epidemics, and indicating the sections in which the disease has a tendency to prevail extensively or to become endemic. The epidemiological history of cerebro-spinal meningitis is divided into five periods, the present and fifth period having been heralded in 1899 by Jaeger in an article in the *Deutsche Med. Woch.*, when there was a beginning prevalence in Germany, France, Greece, and the United States.

In the first period, extending from 1805 to 1830, there were limited outbreaks in Europe, the first being at Geneva, Switzerland, February, 1805, and larger prevalences in the United States. In 1806 there was an epidemic in Medford, Mass. In those times the diagnosis of the disease was confused with that of typhus fever. In the second period, 1837-1850, following its well-recognized tendency to recur after longer or shorter periods in the sections previously visited, the disease again made its appearance in the United States as well as in France, Denmark, Italy, and Algeria, lasting thirteen years, up to the middle of the last century. Four years later the disorder (in the meantime not mentioned in the mortality records of the world) entered upon a third epidemic period (1854 to 1875), making itself manifest over a great part of Europe and also appearing in the United States, Asia, Africa, and South America. The fourth period, consisting of more or less casual outbreaks, extends to the last six years, when a more decided tendency to widespread and fatal prevalences was shown.

The disease has been endemic in New York, Philadelphia, and many other important cities of the United States since 1863. It became epidemic in New York in 1904, not having prevailed there extensively since 1881. It was epidemic in Boston in 1897. Cerebro-spinal meningitis has been known to break out on ships at sea, generally toward the end of long voyages. The relation of epidemics of cerebro-spinal meningitis to temperature and altitude is not marked; and though frequently spoken of as a disease of the temperate zone, it has been known to occur in outbreaks in tropical and subarctic regions, such as Ashanti and Alaska.

In the period covered by the statistics published herewith the figures contributed by State and local health authorities show a maximum intensity in the Middle States. The States from which reports have been received form two main groups, with two isolated States. The larger group of States, all having contiguous boundaries, includes New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Delaware, Maryland, Ohio, Michigan, Indiana, Illinois, Missouri, Kansas, Nebraska, and Colorado. The second group comprises Mississippi, Louisiana, and Texas, and the isolated States are North Carolina and California.

The disease is well known in Canada, where a severe epidemic prevailed at Montreal in 1873.

Reports from Manitoba, not included in the table, show the presence of cerebro-spinal meningitis at Winnipeg. It should be noted, in studying the tables, that they cover only what at present appears to be the declining period of the epidemic. Concurrently with the prevalence in the United States an epidemic of cerebro-spinal meningitis has existed in Austria, Germany, Italy, and Russia. In the month of January the disease appeared in the Ehrzanow district, Galicia. To the date of April 15 the disease was prevailing in thirty districts of Galicia, including the town of Lemberg, and since the beginning of the epidemic there had been 526 cases and 218 deaths. Most of the cases were among children under 10 years of age.

The latest reports show that in the Oppeln district, lying on the river Oder, in Prussian Silesia, about 50 miles by rail southeast of Breslau, there were in 9 weeks preceding May 7, 1,647 cases registered, with 864 deaths. The same reports state that from January 1 to April 30 1,937 cases and 994 deaths from cerebro-spinal meningitis were recorded in all Prussia. Of these, 1,814 cases and 932 deaths were in the province of Silesia, 13 cases and 8 deaths in east Prussia, 16 cases and 9 deaths in west Prussia, 27 cases and 11 deaths in Brandenburg, 6 cases and 2 deaths in Pomerania, 6 cases and 3 deaths in the province of Posen, 7 cases and 4 deaths in the province of Sachsen, 8 cases and 3 deaths in the province of Schleswig-Holstein, 9 cases and 6 deaths in Hanover, 4 cases and 2 deaths in Hessen-Nassau, 5 cases and 3 deaths in Rhenish Prussia, 1 case and 1 death in Hohenzollern, and 21 cases and 10 deaths in Westphalia. The mortality was 51.5 per cent in Silesia, 50.5 per cent in the other provinces, and 51.5 per cent in all Prussia.

In Italy a number of cases of cerebro-spinal meningitis have been reported lately, and the minister of the interior has sent instructions to the prefects of the Kingdom regarding notification and prophylaxis of the disease. The American consul at Odessa, Russia, reports 3 cases, with 1 death, from cerebro-spinal meningitis from April 30 to May 13 and 5 cases, with 2 deaths, from May 14 to June 27.

GENERAL SANITARY INFORMATION.

Health conditions in the Bahamas.—Sanitation in the Bahama Islands is discussed in the first monograph recently published by the Geographical Society of Baltimore. The yellow fever mosquito was found in the islands, thus, the report says, making a properly screened quarantine desirable at Nassau. The absence of malaria is accounted for by the fact that anopheles mosquitoes do not exist among the local insects. The sanitary conditions in the islands were not considered by the investigators to be all that could be desired. A mixed population occupies the island of New Providence, on which Nassau is situ-

ated. Some of the islands have white inhabitants only; others, notably Andros, are populated almost exclusively by negroes. Degeneration from intermarriage is observable in the islands peopled by whites, even when the original stock was good. For example, in one family of eight children there were five idiots. Except at Nassau cases of leprosy, not uncommon in the Bahamas, are not isolated.

Tables of contagious diseases.—Attention is called to the fact that it is customary to begin new tables of the contagious diseases January 1 and July 1 of each year, omitting the old tables which have been completed in the last number of the Public Health Reports in December and June, respectively.

UNITED STATES.

Circular relative to uniformity in bills of health.

DEPARTMENT OF STATE,
Washington, May 22, 1905.

To the American consular officers at seaports.

GENTLEMEN: The Department's attention has recently been called to a lack of uniformity in the issuance of bills of health by consular officers. In a letter dated the 9th instant, the Secretary of Commerce and Labor states that for the proper information of the quarantine officers at the port of arrival the original bill of health taken at the port of departure should show the correct number of the crew, including officers, and also the number of cabin and steerage passengers embarking, whether the destination of those passengers is a port of the United States or some intermediate port.

Supplemental bills of health taken at intermediate ports should specify the number and sanitary condition of all persons (passengers or members of the ship's crew) landed at those ports. They should also state the number and sanitary condition of all persons (passengers or members of the ship's crew) taken on at intermediate ports, whether the destination of those persons be a port of the United States or an intermediate port.

The statements mentioned are necessary in order that quarantine officers at the port of arrival in the United States may be enabled to make the different statements agree and to ascertain the exact number of persons of all classes who should be found on board the vessels. You will be careful hereafter to see that all blank spaces in bills and supplemental bills of health are properly filled out and contain the information required.

I am, gentlemen, your obedient servant,

HERBERT H. D. PEIRCE,
Third Assistant Secretary.